### IN THE UNITED STATES DISTRICT COURT DISTRICT OF MASSACHUSETTS

BENSLEY CONSTRUCTION, INC., on its own behalf and on behalf of all others similarly situated,

Plaintiff,

v.

\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ MARSH & MCLENNAN COMPANIES. INC., MARSH, INC., ACE USA, ACE INA. AMERICAN INTERNATIONAL GROUP. AMERICAN REINSURANCE COMPANY, ARTHUR J. GALLAGHER & CO., HILB ROGAL & HOBBS, COMPANY, WILLIS GROUP HOLDINGS, LTD., WILLIS NORTH § AMERICA INC., WILLIS GROUP LTD., UNIVERSAL LIFE RESOURCES. UNIVERSAL LIFE RESOURCES, INC. (d/b/a ULR INSURANCE SERVICES, INC.). THE CHUBB CORPORATION, USI HOLDINGS, INC., METLIFE, INC., PRUDENTIAL FINANCIAL, INC., UNUMPROVIDENT CORPORATION. THE ST. PAUL TRAVELERS COMPANIES. INC., ZURICH AMERICAN INSURANCE COMPANY, LIBERTY MUTUAL FIRE INSURANCE COMPANY, EMPLOYERS INSURANCE COMPANY OF WAUSAU, and § ST. JAMES INSURANCE COMPANY LTD.,

Defendants.

Civil Action No. 05 11249 GAO

### **DECLARATION OF DEBORAH S. TROXEL**

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Deborah S. Troxel, under penalty of perjury, hereby declares:

1. My name is Deborah S. Troxel. I am over the age of twenty-one (21) years, I am competent to testify to the matters stated herein, have personal knowledge of the facts and statements in this declaration, and each of the statements in this declaration is true and correct.

- 2. I am employed by the ACE Group of Companies as a Technical Assistant with responsibility for rating and issuance of the Assigned Risk Massachusetts Business Auto policies.
- 3. In 1991, Insurance Company of North America ("INA"), as a participant in the Massachusetts assigned risk pool administered by Commonwealth Automobile Reinsurers, received an application from Ryder Insurance Agency, Inc. asking INA to write an assigned risk business auto insurance policy for Bensley Construction, Inc. ("Bensley") in Massachusetts. A true and correct copy of the Massachusetts Business Auto Policy initially issued by INA to Bensley is attached hereto as Exhibit A.
- 4. Under Massachusetts law, casualty insurance companies doing business in the Commonwealth must issue assigned risk business upon the State's request. As long as the insured comports with its contractual duties, an insurance company that has issued an assigned risk policy may not cancel that policy. INA renewed a business auto policy issued to Bensley each year until 1999.
- 5. In 1999, Bankers Standard Insurance Company ("BSI") renewed the assigned risk policy issued for business auto insurance coverage to Bensley. A true and correct copy of the first policy BSI issued to Bensley is attached hereto as Exhibit B.
- 6. The assigned risk policy that BSI wrote for Bensley has been renewed each year and remains current through July 26, 2006. A true and correct copy of the current policy that BSI issued to Bensley is attached hereto as Exhibit C.
  - 7. Both INA and BSI are members of the ACE Group of Companies.
- 8. To the best of my knowledge as a custodian of the Bensley file, neither "ACE USA" nor "ACE INA" has ever issued an insurance policy issued to Bensley. Moreover, the

insurance policies issued to Bensley each year since 1991 by the ACE affiliates INA and BSI had no broker involvement and did not involve the payment of broker commissions as alleged in the complaint.

I declare under penalty of perjury under 28 U.S.C. § 1746 that the foregoing is true and correct.

Executed on this 10th day of August, 2005 in Richmond, Indiana.

Deborah S. Troxel Technical Assistant

ACE Group of Companies

# EXHIBIT A

\*

	GEN	ERAL ENDORSEN	MENT:
Named Insured			Endorsement Number
Bensley Consru	ction, Inc. c/o Ly	dia Eccles	1
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsen
CSA	222287	07/26/05-07/	/26/06 07/26/05
ssued By (Name of Ins Bankers Standa	surance Company) rd Insurance Compai	nv	
			ndorsement is issued subsequent to the preparat
THIS	ENDORSEMENT CHA	NGES THE POLICY. P	PLEASE READ IT CAREFULLY.
			ded under the following:
	Busines	s Auto Policy	COVERAGE PART

Authorized Agent

CC-3R19 Ptd. in U.S.A. (6/86)

to aide 1)1/05

Office: 825



**ACE USA** 

# **Declarations - Massachusetts Business Auto Coverage Form**

FACILITY PLAN

Company Name and Address Bankers Standard Insurance Company 1601 Chestnut Street Philadelphia, PA 19101

POLICY NO. CSA 222287	Producer Code: 200552
ITEM ONE - Named Insured and Address Bensley Construction, In c/o Lydia Eccles 533A Putnam Ave. Cambridge, MA 02139	Producer Name and Address  Ryder Insurance Agency, Inc.  247 N. Main Street  Randolph, MA 02368
Policy Period: From 07/26/05 To 12:01 A.M. Standar PREVIOUS POLICY NUMBER: CSA 222287 FORM OF BUSINESS:	07/26/06 at d Time at your mailing address shown above
☑ CORPORATION □	LIMITED LIABILITY COMPANY
☐ PARTNERSHIP ☐	OTHER
BUSINESS DESCRIPTION	FS/AON
	REMIUM, AND SUBJECT TO ALL PERMS OF THIS POLICY, WE AGREE WIT
YOU TO PROVIDE THE INSURANCE AS ST	ATED IN THIS POLICY.
PREMIUM FOR ENDORSEMENTS	\$ 784
*ESTIMATED TOTAL PREMIUM	\$ 30,0981
*This policy may be subject to final audit.	• •
Premium shown is payable: \$	AT INCEPTION.
AUDIT PERIOD (IF APPLICABLE) ANN	
	OLICY:IL 00 21 - Broad Form Nuclear Exclusion (Not Applicable in New
Refe	r To Endorsement Schedule Attached
	RATING MODIFICATIONS
	SIZE EXPER MOD. STED MODITURA MODI
	ca. J. Cr.   Des.   Cr.   Des.   Cr.   Des.
	AUTO M. V
	AUTO LIAB 1.55
COUNTERSIGNED	BAGGEN, FINS
(Date)	Authorized Representative)
(Date)	(二) 1

10 cideng 6/24/05

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MM 00 97 09 02

-	POLICY		 **************************************	1
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#### **SCHEDULE OF PAYMENTS**

The estimated Total Payment is payable as follows:

INSTALLMENT NUMBER	DUE DATE	AMOUNT DUE
	07/26/05	9,028
	08/26/05	2,341
	09/26/05	2,341
	10/26/05	2,341
	11/26/05	2,341
	12/26/05	2,341
	01/26/06	2,341
	02/26/06	2,341
	03/26/06	2,341
	04/26/06	2,341
	Total	30,097

#### ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

coverage.				
A.V.	LIABILITY INSUI	RANCE		
COVERAGES	COVERED AUTOS  (Entry of one or more of the symbols from the COVERED AUTOS Section shows which autos are covered autos.)	L.	IMIT	PREMIUM
Compulsory Bodily Injury	7	\$20,000 each Per \$40,000 each Acc	4,106	
Personal Injury Protection LIABILITY INSURANCE	7	\$8,000 each Perso	on	208
COVERED "AUTOS" Optional Bodily Injury	7,8,9	\$1,000,000 \$1,000,000	each person each accident	9,251
Property Damage (COMPULSORY LIMIT\$5,000)	7	\$1,000,000	each accident	6,654
LIABILITY		\$	each accident	
Medical Payments	7	\$5,000	each person	1.3
Uninsured Motorists COMPULSORY LIMITS - \$20,000/40,000	7	\$ 500,000 \$ 500,000	each person each accident	84
Underinsured Motorists	7	\$50,000 \$100,000	each person each accident	119
Uninsured Motorists		\$	each accident	
Underinsured Motorists		\$	each accident	,***,
Physical Damage Comprehensive Coverage	7	Actual Cash Va Repair, Whiche Minus \$ 500 For Each Cover	ver Is Less Ded.	2,609
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Va Repair. Whiche Minus \$ For Each Cover	ver Is Less Ded.	
Physical Damage Collision Coverage	7	Actual Cash Va Repair. Whiche Minus \$ 500 For Each Cover	ver Is Less Ded.	6,269
Physical Damage Limited Collision Coverage		Actual Cash Va Repair. Whiche Minus \$ For Each Cover	ver Is Less Ded.	
Physical Damage Towing and Labor		\$ Disablement Of Passenger "Au		
		PREMIUM FOR	ENDORSEMENTS	784
		*ESTIMATED	TOTAL PREMIUM	30,097
			· ····································	1

<sup>\*</sup>This Policy may be subject to final audit.

		DESCRIPTION						TERRITORY		
Covered Auto No.	Year, Model, Number(S), V Mass Plate N Exp. Date	Trade name, Bod Vehicle Identification	y Type, Serial on Number (VIN		PURCH riginal st New	ACTUAL COST ACTUAL COST & New (N) Used (U)	Town & State Where the Covered Auto Will Be Principally Garaged Terr/Zone Code			
1	2001 GMC 2GTEC19V8	Sierra P/U 311234815		25,3	25,159		Cambridge/02139/Terr-13			
2	1995 VW V			5,750			Cambridge	e/02139/Te	err-13	
3	1999 Suba 4S3BG6855	aru Legacy 5X6639439		10,:	125		Cambridge	err-13		
4	2004 Ford	l F Series (4KB58799		28,	28,500		Newsburyport/01950/Ter			
5	5 2004 Chevy Exp. Van 1GCGG25V841149752				100		Cambridge	ridge/02139/Terr-13		
			CLAS	SIFICA	TION					
Covered Auto No.	Radius of Operation (in Miles).	Business Use s = service r = retail	Size GVW, GCW or Vehicle Seating	Age Group	Prir	mary Rating Factor	Secondary Rating Factor		Code Pre-Insp — Code	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	c = commercial	Capacity		Liab.	Phy. Dam	i ilan	Phy. Dam.	Code	
1				5					01499	
2				9					73980	
3				7					73980	
4				2					01499	
5	The state of the s			2					01499	

		DESCRIPTION					•	TERRITORY		
Covered Auto No.	Year, Model, Number(S), Mass Plate N Exp. Date	Trade name, Bod Vehicle Identification	v Type, Serial	1	PURCH ginal t New	ACTUAL COST & New (N) Used (U)	Town & State Where the Covered Auto Will Be Principally Garaged Terr/Zone Code			
6	2004 Ches 1GCDL19X2			19,7	52		Cambridge	e/02139/Te	rr-13	
7	2003 Ford			32,0	64		Cambridge	≥/02139/Te	rr-13	
			CLAS	SIFICAT	TION					
Covered Auto No.	Radius of Operation (in Miles).  Business Use s = service r = retail		Size GVW, GCW or Vehicle Seating	Age Group	Primary Rating Factor ge oup		Secondary Rating Factor		Code Pre-Insp — Code	
	(	c = commercial	Capacity		Liab.	Phy. Dam.	Liab.	Phy. Dam.	Code	
6				2					01499	
7	was a summer of the summer of			3					01499	
*										

### **COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES**

(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	Compulsory Bodily Injury \$20,000 ea. pers. \$40,000 ea. Acc.	Personal Injury Protection \$8,000 ea. Pers.	l ''	Damage oulsory 000)		Optional Bodily Injury		Auto Medical Payments		Uninsured Motorists (Compulsory Limit \$20,000 ea. person \$40,000 ea. accident		nsured orists
	Premium	Premium	*Limit	Premium	*Limit	Premium	*Limit	Premium	*Limits	Premium	*Limits	Premium
1	645	28	1,000,000	1,130	1mm/1mm	1,420	5,000	1	500/500	12	50/100	17
2	612	42	1,000,000	806	1mm/1mm	1,452	5,000	4	500/500	12	50/100	17
3	612	42	1,000,000	806	1mm/1mm	1,452	5,000	4	500/500	12	50/100	17
4	302	12	1,000,000	522	1mm/1mm	667	5,000	1	500/500	12	50/100	17
5	645	28	1,000,000	1,130	1mm/1mm	1,420	5,000	1	500/500	12	50/100	17

Covered Auto No.	** (see endt. for limit)	† <sup>Spe</sup>	ecified Caus of Loss **	es		Comprehensive **		Collision **		nited lision * *	Waiver of Deductible	Towing & Labor
		Cov.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.		
1	ACV				500	454	500	981			Incl.	
2	ACV		1		500	143	500	533			Incl.	
3	ACV				500	249	500	1,048			Incl.	
4	ACV				500	349	500	749			Incl.	
5	ACV				500	473	500	969			Incl.	

<sup>\*</sup>Limit(s) in thousands

<sup>†</sup>F = Fire Coverage T = Theft Coverage F&T = Fire and Theft Coverage

AUTO NO.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.

<sup>\*\*</sup>Designate if rating basis is: SA = Stated Amount or AV = Agreed Value

#### **COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES**

(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

I I LIVI I	VVO COIUIIII	shhues in	o teau/		·				•			
Covered Auto No.		Personal Injury Protection \$8,000 ea. Pers.	Property Damage (Compulsory		Optional Bodily Injury		Auto Medical Payments		Uninsured Motorists (Compulsory Limit \$20,000 ea. person \$40,000 ea. accident		Underinsured Motorists	
	Premium	Premium	*Limit	Premium	*Limit	Premium	*Limit	Premium	*Limits	Premium	*Limits	Premium
6	645	28	1,000,000	1,130	1mm/1mm	1,420	5,000	1	500/500	12	50/100	17
7	645	28	1,000,000	1,130	1mm/1mm	1,420	5,000	1	500/500	12	50/100	17
							ļ.					

Covered Auto No.	** (see endt, for limit)	<sub>†</sub> Sp∈	ecified Caus of Loss **	es	Comprehensive		Collision **		Limited Collision * *		Waiver of Deductible	Towing & Labor
		Cov.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.		
6	ACV				500	465	500	918			Incl.	
7	ACV				500	476	500	1,071			Incl.	
										***************************************		
		and the second s										

<sup>\*</sup>Limit(s) in thousands

 $\dagger$ F = Fire Coverage T = Theft Coverage F&T = Fire and Theft Coverage

AUTO NO.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.

<sup>\*\*</sup>Designate if rating basis is: SA =Stated Amount or AV = Agreed Value

IABILITY CO	VERAGE - RATING BASIS, CO	OST OF HIRE		
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is primary)	PREMIUM
MA	If Any			11
		1	TOTAL PREMIUM	11

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE	COVERAGE			
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIRS. MINUS \$ DED. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE, APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIRS. MINUS \$25 DED. FOR EACH COVERED AUTO. FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIRS. MINUS \$ DED. FOR EACH COVERED AUTO.			
		1	TOTAL PREMIUM	

Named Insured's Business	Rating Basis	Number	Premium
Other than a	Number of Employees	0/25	\$ 118
Social Service Agency	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
		TOTAL PREMIUM	\$ 118

		EIPTS OR MILEAGE BASIS - ENTAL CONCERNS.	LIABILITY COVER	AGE -
ESTIMATED YEARLY		RATES O of Gross Receipts		PREMIUMS
GROSS RECEIPTS	Per Mile			
☐ MILEAGE	Per \$100	of Gross Receipts		
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
			\$	\$
			\$	\$
			\$	\$
			\$	\$
		TOTAL PREMIUMS	\$	\$
		MINIMUM PREMIUMS	\$	\$

When used as a premium basis:

#### FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

#### FOR RENTAL OR LEASING CONCERNS

Gross Receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

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FORMS AND ENDORSEMENTS ATTACHED TO POLICY AT INCEPTION

CA0001 10/01 CA0022 02/99 CA0121 02/99 IL0017 11/98 IL0021 04/98 ILP001 01/04 MM9911 09/02 MM9913 09/98 MM9917 09/98 MM9922 09/98 MM9939 09/98 MM9943 09/91 MM9954 09/98 MM9967 09/98 TRIA 07

Notification of Placement

#### STAT CODES

AUTO	CAR	TYPE	PI	P		L	(ABILIT	ITY LIMITS				PHYS	ICAL DA	MAGE			EXP.	PR	
NO.	ID	RISK	Cov.	Ded.	Bl	PD	MED	U1	U2	BCC	Coll.	Loss of Use	O.T.C.	Age	SYM	ATD	EAP.	PR	
1	5														, i			1	
2																		1	
3																		1	
4																		1	
		·····		<u> </u>		£											<u> </u>		

BATCH	SEQ.	REP	CURR DATE	AGENT	RUN SEQ.	END NO.	F	LAST DATE	CDT

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#### STAT CODES

AUTO	CAR	TYPE	P	IP		LIABILITY LIMITS						PHYSICAL DAMAGE						PR	
NO.	D	RISK	Cov.	Ded.	BI	PD	MED	U1	U2	BCC	Coll,	Loss of Use	O.T.C.	Age	SYM	ATD	EXP.	rn.	
5	5																	1	
6																		1	
7																		1	
																		1	

BATCH	SEQ.	REP	CURR DATE	AGENT	RUN SEQ.	END NO.	F	LAST DATE	CDT

MM 99 17 09 98

### THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY. **WAIVER OF DEDUCTIBLE - MASSACHUSETTS**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM** GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The deductible amount shown on the Declarations for Collision Coverage does not apply to any "auto" to which this endorsement applies as shown on the Declarations if:

- 1. That "auto" was legally parked when struck by another "auto" owned by an identified person.
- 2. That "auto" was struck in the rear by another "auto" moving in the same direction and owned by an identified person.
- 3. The operator of the other "auto" was convicted of any of the following violations:

- a. Operating under the influence of alcohol, marijuana or a narcotic drug.
- b. Driving the wrong way on a one-way street.
- c. Operating at an excessive rate of speed.
- d. Any similar violation of any similar law of another state in which the accident occurs.

However, we will not pay if the operator of the "auto" insured under this Coverage was also convicted of one of the violations.

4. You are entitled to recover in court against an identified person for some reason other than those listed above.

(Description of Auto)

See Auto Schedule

(Premium)

Included



Bankers S	Standard Ins	urance	Company	
		Insurance	Company	
Bensley (	Construction	ı, Inc.		
		Policy	/holder	
CSA 2222	37			
		Policy	Number	

Broker/Producer

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Ryder Insurance Agency, Inc.

You should be aware that under the Terrorism Risk Insurance Act of 2002 ("The Act") effective November 26, 2002, any losses caused by certified acts of terrorism under your existing coverage may be partially reimbursed by the United States under a formula established by federal law (applicability is subject to the terms and conditions of each individual policy). The Act was specifically designed to address the ability of businesses and individuals to obtain property and casualty insurance for terrorism and to protect consumers by addressing market disruptions and ensure the continued availability of terrorism coverage.

Under the terms of The Act, you may now have the right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Responsibility for Compensation under The Act is shared between insurance companies covered by The Act and the United States. Under the formula set forth in The Act, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible, which is paid by the insurance company providing the coverage.

We	are	prov	iding	you	with th	ne teri	rorism	COVE	erag	e rec	quired b	y The	Act.	We	have i	not e	stablished	as	sepa	ırate
pric	e fo	r this	cov	erage	; howe	ever t	he po	rtion	of	your	annual	premiu	ım th	at is	reaso	nably	/ attributa	ble	to s	such
cov	erag	e is:	\$0																	

Notice Form 3b (New/Renewal)

MM 99 39 09 98

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### LOSS OF USE/RENTAL REIMBURSEMENT COVERAGE MASSACHUSETTS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective	
Named Insured	Countersigned by

(Authorized Representative)

#### **SCHEDULE**

		E .	aximum Paym h Covered "A				
Auto No.	Designation or Description of Covered "Auto" to Which This Insurance Applies	Any One Day	No. of Days	Any One Period	Premium		
	Veh's 2,3,4,& 6	\$ 30	30	\$ 900	\$ 90		
		\$		\$	\$		
		T	otal Premium		\$ 360		

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- We will reimburse you in the event of loss to a covered auto for expenses incurred for the A. rental, not including any mileage or gasoline charges, of a substitute auto of equivalent type and purpose, including taxicabs, buses, and other means of transportation.
- В. We will pay only for those expenses incurred during the policy period beginning 24 hours after the loss and ending, regardless of the policy's expirations, with the lesser of the following number of days:
  - 1. The number of days reasonably required to repair or replace the covered auto.
  - 2. The number of days in the schedule.

MM 99 39 09 98 '

- C. Our payment is limited to the lesser of the following amounts:
  - 1. Necessary and actual expenses incurred.
  - 2. The maximum payment stated in the schedule applicable to "any one day" or "any one period."
- D. This coverage does not apply while there are spare or reserve autos available to you for your operations.
- E. If loss results from the total theft of a covered auto of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under Comprehensive Coverage or Specified Causes of Loss Coverage.

cae/98endors/MM9939.doc

MM 99 22 09 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### DRIVE OTHER CAR COVERAGE BROADENED COVERAGE FOR NAMED INDIVIDUALS -MASSACHUSETTS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date or as of the date indicated below.

Endorsement effective	Policy No.
Named Insured	Countersigned by

(Authorized Representative)

This endorsement changes only those coverages listed below for which a charge is shown below. Each of those coverages is changed as follows:

		Premium											
Name of Individual	BI	PD	MED	UM	UIM	COMP \$500 Ded.	COLL \$500 Ded.						
	117	18	15			9	29						

Total = \$188.00

#### A. Changes In Liability Coverage

- 1. Any "auto" you hire, borrow or don't own is a covered "auto" for Liability Coverage while being used by any individual named in this endorsement or by his or her spouse while a resident of the same household except:
  - a. Any "auto" owned by that individual or by any "household member" of that individual.
  - b. Any "auto" used by that individual or his or her spouse while working in a business of selling, servicing, repairing or parking "autos."

MM 99 22 09 98

#### 2. The following is added to Who Is An Insured:

Any individual named in this endorsement and his or her spouse, while a resident of the same household, are "insureds" while using any covered "auto" described in paragraph A.1 of this endorsement.

#### B. Changes In Auto Medical Payments

is,

The following is added to Who Is An Insured:

Any individual named in this endorsement and his or her "family members" are "insureds" while "occupying" or while a pedestrian when being struck by any "auto" you hire, borrow or don't own except:

Any "auto" owned by that individual or by any "family member."

#### C. Changes In Physical Damage Insurance

Any private passenger-type "auto" you hire, borrow or don't own is a covered "auto" while in the care, custody or control of any individual named in this endorsement or his or her spouse while a resident of the same household except:

- 1. Any "auto" owned by that individual or by any "family member."
- 2. Any "auto" used by that individual or his or her spouse while working in a business of selling, servicing, repairing or parking "autos."

#### D. Changes In Uninsured And Underinsured Motorists Insurance

The following is added to Who Is An Insured:

Any individual named in this endorsement and "family members" are "insured" while occupying or while a pedestrian when being struck by any "auto" you, such named individual and "family members" hire, borrow or don't own, unless such named individual, or "family member," has a Massachusetts auto policy of his or her own providing similar coverage or is covered by a Massachusetts auto policy of another "family member" providing similar coverage.

#### E. Additional Definitions

As used in this endorsement:

"Family member" means a person related to the individual named in this endorsement by blood, marriage or adoption who is a resident of the individual's household, including a ward or foster child.

"Occupying" means in, upon, getting in, on, out or off.

cae/98endors/MM9922.doc

# **EXHIBIT B**

RENEWAL

07/26/99

Office/Agent: 825 200552 Policy No: FN/C1 CS CSA222287

ITEM ONE - Named Insured and Address

BENSLEY CONSTRUCTION INC C-O LYDIA ECCLES 533A PUTNAM AVE

CAMBRIDGE

02139

Producer Name and Address RYDER INS AGCY

781-963-0390 247 N MAIN STREET RANDOLPH

MΑ 02368

POLICY PERIOD: Policy covers FROM 07/26/99 TO 07/26/00 12:01 A.M. Standard Time at the Named

Insured's Address stated above

NAMED INSURED'S BUSINESS: FORM OF BUSINESS:

OTHER

DIRECT-BILLED

FLEET

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

#### ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "Autos" shown as covered "Autos". "Autos" are shown as covered "Autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage. LIABILITY INSURANCE

LIABILITY INSURANCE													
COVERAGES	(Entry of one from the COV the Business show which as	ERED A	AUTOS of the symbols TOS Section of overage Form covered autos)	LIMIT The most we will paccident or	pay for any one loss	PREMIUM							
Compulsory Bodily Injury	7			\$ 20,000 Ea \$ 40,000 Ea	ch Person ch Accident	3,628.00							
Personal Injury Protection	7			\$ 8,000 Ea	ch Person	301.00							
Optional Bodily Injury	7	8	9	SEE SCHEDULE Ea SEE SCHEDULE Ea	ch Person ch Accident	10,309.00							
Property Damage (COMPULSORY LIMIT \$5,000)	7	8	9	SEE SCHEDULE Ea	ch Accident	3,897.00							
Auto Medical Payments Insurance	7				ch Person	62.00							
Uninsured Motorists (COMPULSORY LIMITS \$20,000/\$40,000)	7				ch Person ch Accident	146.00							
Underinsured Motorists	7			SEE SCHEDULE EA	ch Person ch Accident	383.00							

#### PHYSICAL DAMAGE INSURANCE

Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.

Comprehensive Coverage	7	SEE SCHEDULE Deductible	1,345.00
Specified Perils Coverage		Deductible	
Collision Coverage	7	SEE SCHEDULE Deductible	2,784.00
Limited Collision Coverage		Deductible	0.00
Loss of Use - Rental Reimbursement	7	SEE SCHEDULE	187.00
Towing and Labor	7	\$25 for each disablement of a private passenger auto	12.00
	1 / 11 O F		

Forms and Endorsements attached to this Coverage Form:

CA 00 01 07 97 IL 00 21 11 85 1L 00 17 11 85 MM 99 11 09 98

**PREMIUM** FOR ENDORSEMENTS **ESTIMATED TOTAL** 23,054.00 **PREMIUM** 

NOTIFICATION OF PLACEMENT SEE ADDITIONAL INFORMATION

Countersigned by: \_\_\_\_

Austoriand Rangeannessie

										Aprilonzeo nepresentente
-	ВАТСН	SEQ.	REP	CURR DATE	AGENT.	RUN SEQ.	END NO.	F	LAST DATE	CDT
	Z24	400	W	244	В	000050	001	L	244	MTH

Office/Agent: 825 200552 Policy No: FN/C1 CSA222287

#### RENEWAL 07/26/99 ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN RENEWAL

## VEHICLE INFORMATION DESCRIPTION

Auto No.	Year Vehicle Identi	Make fication		Model er (VIN)	Cost New	Size GVW, GCV Vehicle Seat Capacity	V or ing	Territor Town and State Wi Auto will be Territory/Premium	nere the Covered Garaged
1			LIN	CARGO V	13133	8000	(	CAMBRIDGE	3.0
2	1 F T F E 2 4 Y 2 P H B 3   9 1	SHORT	BE	PICKUP	9000	2000	1	12/600/021 ANDOVER 05/311/018	
3		CAMRY	DE	STN WAG	8000		ļ	FRAMINGHAM 09/615/017	
4	95 SUBARU 1 4S3BK6359S736	LEGAC		STN WAG	19880			GAYHEAD 02/083/025	
Auto No.	Use	Symbol		Class	CLASSIFICA R:	ATION adius Mob	ile Equipmer		Loss of Use Amount/Days
1 2	SERVICE SERVICE	5 4	07 09	014990 014990	LOCAL			9	
3 4		3 6	09 05	739800 739800	A 17 J I J T	V LIBALT C		9 9 (s) in Thousands)	15/ 30 30/ 30

#### LIABILITY LIMITS ( \* Limit(s) in Thousands)

	ETABLETT ETATIO ( Elimito) III modernos														
Boo	mpulsory dily Injury 100/\$40,000)	Personal Injury Protection \$8,000 Each Person		tional y Injury	Prop (Compuls	•	nage it \$5,000)	Auto Medi Paymo	cal	Mot	isured orist sory Limits 0/\$40,000)	Underinsured Motorist			
Auto No.	Premium	Premium	* Limit	Premium	* Limit	Ded.	Premium	Limit	Premium	* Limit	Premium	* Limit	Premium		
1	461	29	1000 1000 1000	1240	500		551	5000	5	500 500	17	50 100	20		
2	313	26	1000	842	500		370	5000	7	500 500	23	50 100	27		
3	457	52	1000	1321	500		384	5000	10	500 500	15	500 500	216		
4	322	38	1000	928	500		264	5000	10	500 500	15	50 100	20		

#### PHYSICAL DAMAGE

@ Value Auto Type and		** Specified Perils			Compr	ehensive	Co	llision	Limited Collision		*** Waiver	*** Loss	*** Towing
No.	Limit	Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium	of Ded.	ot Use	and Labor
1	ACV				500	125	500	220			15 YES		
2	ACV		-		500	102	500	172			12 YES		
3	ACV				500	88	500	302			18	37	4
4	ACV				500	143	500	323			YES 18 YES	75	4

T - Theft Coverage, F & T - Fire and Theft Coverage, CAC - Combined Additional Coverage

YES Designates Waiver of Deductible/Loss of Use/Towing and Labor applies.

##

244

Designates Policy Level Additional Insured-Lessor applies.

Designate whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the Limit of Liability.

Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss. Auto No.

#### NISSAN MOTOR ACC CO PO BOX 741448 DALLAS TX 75347

										STAT C	ODES								
AUTO	CAR	TYPE	l r	o ib			LIABILIT	Y LIMITS				ı	HYSICAL D	AMAGE			İ	P	
NO,	Ð	RISK	cov.	DED.	Bi	PO	MED	ម្រ	U2	BCC	COLL	LOSS OF US	E 0.7.0	, AGE	SYM	ATD	EXP.	R	
1	5	1	Ĭ	01	14	10	5	49	07	0	016		037	7	5	0	12	1	
2	5	Ţ	7	10	14	10	5	49	07	0	016		037	9	4	0	12	0	
3	5	1	1	01	14	10	5	49	49	0	016	083	036	9	3	0	12	7	
4	5	South	7	10	14	10	5	49	07	0	016	083	036	5 5	6	0	12	1	
		1			0.000.04	7, T		-1/-					F					~~~~	
A8	тсн	SEQ.		REP	CURR DA	16.	AGI	ENI	RUI	V SEQ.		END NO.		LAST DA	TE	CDT			

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MTH

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Office/Agent: 825 200552 Policy No: FN/C1 CSA222287

#### RENEWAL 07/26/99 ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

## VEHICLE INFORMATION DESCRIPTION

Auto No.	Year Vehicle Identi	Make fication 1	Numbe	Model er (VIN)	Cost New	Size GVW, GCW o Vehicle Seating Capacity	or	Territor Town and State Wh Auto will be Territory/Premium	nere the Covered Garaged
5	97 CHEV 1GCFG25M1V10	G20 V#	٩N	VAN	16595			ATTLEBORO 06/210/027	2.2
6	97 FORD F	RANGEF	<b>₹</b> \$	SUPER P	11995	4000	1	FALMOUTH	-
7		SIENNA	\ L	SPRT VA	25900	6000		04/054/0254 CAMBRIDGE	
9	4T3ZF13C6WU04 92 FORD 1FACP57U4NG10	TAURUS	5 G	STN WAG	18125			12/600/021: CAMBRIDGE 12/600/021:	
Auto No.	Use		Age	Class	CLASSIFICA Ra	ATION adius Mobile	Equipme	nt Inspect Code	Loss of Use Amount/Days
5	SERVICE SERVICE	6 5	03	014990 014990	LOCAL			9	
7 9	SERVICE	8	02 08	014990 739800	LOCAL			9 9	30/30
9	SERVICE			739800	ABILIT	YIIMITS	( * Limit		30/ 30

Boo	npulsory lily Injury 00/\$40,000)	Personal Injury Protection \$8,000 Each Person		tional y Injury	,	Property Damage Compulsory Limit \$5,000)			cal ents	Mot	sured orist sory Limits 0/\$40,000)	Underinsured Motorist	
Auto No.	Premium	Premium	* Limit	Premium	* Limit	Ded.	Premium	Limit	Premium	* Limit	Premium	* Limit	Premium
5	337	20	1000	909	500		401	5000	5	500 500	17	50 100	20
6	304	19	1000	818	500		359	5000	5	500 500	17	100	20
7	461	29	1000 1000 1000	1240	500		551	5000	5	500 500 500	17	50 100 50	20
9	512	59	1000	1479	500		433	5000	10	500	15	100	20

#### PHYSICAL DAMAGE

Auto	@ Value Type and	**	Spec Peri		Compre	ehensive	Со	llision	Lin Col	nited lision	*** Waiver	*** Loss	Towing
No.	Limit	Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium	of Ded.	ot Use	and Labor
5	ACV				500	194	500	311			12 YES		
6	ACV				500	149	500	235		and the same of th	10 YES		
7	ACV				500	238	500	481			15 YES		
9	ACV				500	125	500	402			18 YES	75	4

F - Fire Coverage, T - Theft Coverage, F & T - Fire and Theft Coverage, CAC - Combined Additional Coverage YES Designates Waiver of Deductible/Loss of Use/Towing and Labor applies.

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Designates Policy Level Additional Insured-Lessor applies.

Designate whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the Limit of Liability.

Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss. Auto No.

#### US TRUST CO 400 FRANKLIN ST BRAINTREE MA 02184

										STAT C	ODES									
AUTO	CAR	TYPE		PIP			LIABILIT	Y LIMITS	3			P	HYSICAL	DAM	AGE				P	
NO.	ID.	RISK	COV.	DED.	BI	PD	MED	U1	U2	BCC	COLL	LOSS OF US	E O.T	.c.	AGE	SYM	GTA	EXP.	R	
5	5	Ì	1	01	14	10	5	49	0.7	0	016		03	7	3	6	0	12	1	
6	5	1	1	01	14	10	5	49	07	O	016	1	03	7	3	5	Ō	12	1	
7	5	ì	ì	01	14	10	5	49	07	0	016		03	7	2	8	0	12	1	
9	5	1	ì	01	14	10	5	49	07	0	016	083	03	6	8	6	3	12	1	
-		1				1	<u> </u>			<u> </u>	<u> </u>	<u> </u>		<del></del>						<u>'</u>
BA	TCH	SEQ.		REP	CURR DA	TE	AG	TNT	RU	N SEQ.		END NO.	F		LAST DAT	E	CDT			1

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MTH

Office/Agent: 825 200552 Policy No: FN/C1 CSA222287

#### RENEWAL 07/26/99 ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN RENEWAL

VEHICLE INFORMATION DESCRIPTION

Auto No.	Year Veh	icle Identii	Make fication	Numb	Model er (VIN)	Cost New	Ve	GVW hicle Capac	, GCW o Seating ity	or	To	Territo own and State W Auto will be Territory/Premium	here the Covered Garaged
10 500	95 FOR 1FTCR1 D # OF I		RANGE 29862 OTHE 1		SUPER P CAR	19997		3	800		C A	MBRIDGE 12/600/021	
Auto No. 1 0 5 0 0	Us SERVIC	Se E	Symbol 6 0	Age 05 09	Class 01499 90200	D LOCAL	ATION adius		Mobile	Equip	ment	Inspect Code 9 9	Loss of Use Amount/Days
		Davagnal			L L	IABILIT	Y LI	MI	T S	( * Li:	nit(s)	in Thousands)	
Cor	npulsory	Personal Injury		ntions	ı P	ronarty Damag			Auto			Uninsured	Underinsured

Bod	npulsory ily Injury 00/\$40,000)	Personal Injury Protection \$8,000 Each Person		tional y Injury		perty Dar sory Limi	nage t \$5,000)	Auto Medi Payme	cal	Mot	nsured corist sory Limits 0/\$40,000)	_	rinsured torist
Auto No.	Premium	Premium	*Limit	Premium	* Limit	Ded.	Premium	Limit	Premium	* Limit	Premium	* Limit	Premium
10	461	29	1000	1240	500		551	5000	5	50 100	10	50 100	20
500			1000	134	500		17						

#### PHYSICAL DAMAGE

Auto	@ Value Type and	#*	Spec Peril		Compr	ehensive	Со	llision	Lin Coll	nited lision	*** Waiver	*** Loss	*** Towing
No.	Limit	Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium	of Ded.	of Use	and Labor
10	ACV		-		500	173	500	313			15 YES		
500	ACV				500	8	500	25			1 L 3		

F - Fire Coverage, T - Theft Coverage, F & T - Fire and Theft Coverage, CAC - Combined Additional Coverage YES Designates Waiver of Deductible/Loss of Use/Towing and Labor applies.

Designates Policy Level Additional Insured-Lessor applies.

Designate whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the Limit of Liability.

Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss. Auto No.

									5	STAT C	ODES								
AUTO	CAR	TYPE	Р	IP			LIABILIT	Y LIMITS				F	HYSICAL I	DAMAGE				P	
NO.	ID.	RISK	COV.	DED,	81	PO	MED	Ű Ì	Ų2	BCC	COLL	LOSS OF US	E 0,T,	C. AGE	SYM	ATD	EXP.	R	
10 500	5 5	jener jener	0	01	14	10	5 0	07  00	07 00	0	016 077	The state of the s	03	7 5 7 0	60	0	12 12	0	
	тсн	SEQ.			URR DA	TE .	AGI	ENT		seq.		END NO.	F	LAST DA	ATE	CDT		·	
Z24	4	400	W		244		В		000	0050	) (	100	L	244			ř	TH	

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RENEWAL

07/26/99

Office/Agent: 825 200552 Policy No: FN/C1 CSA222287

#### ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY INSURANCE - RATING BASIS, COST OF HIRE

24	Estimated Cost of Hire	Rate Pe \$100 Cost	r Each Of Hire	Lin (In Th	nits ousands)	Prem	ium
State	For Each State	Bodily Injury	Property Damage	Bodily Injury	Property Damage	Bodily Injury	Property Damage
MA	IF ANY	1.588	.508	1000	500	79	8
					Total Premium		87

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

STAT CODES

No.	ı	iability Lir		Class	Exp.
	BI	PD	всс		
503	14		0	661900	12

#### ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's	95. 4 F 95.		Lin (in The	mits ousands)	Prem	ium
Business	Rating Basis	Number	Bodily Injury	Property Damage	Bodily Injury	Property Damage
Other Than A Social Service Agency	Number of Employees	25	1000 1000	500	79	8
Conial Comian Agency	Number of Employees					
Social Service Agency	Number of Volunteers					
				Total Premium		87

STAT CODES

No.	Liabilit	y Limits	Class	Exp.
	В	CG		·
501	14		660100	12
				·

ВАТСН	SEQ.	REP	CURR DATE	AGENT	RUN SEQ. ,	END NO,	F	LAST DATE	сот
Z24	400	W	244	В	000050	001	L.	244	МТН

MM 99 50 09 98

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED - MASSACHUSETTS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Changes in Liability Coverage:

Who Is An Insured is changed to include the person or organization named in this endorsement, but only for "bodily injury" or "property damage" resulting from the acts or omissions of:

E 2 3

- 1. You, while using a covered "auto."
- 2. Any other person, while using a covered "auto" with your permission.

Additional insured:

-DEEPAK KULKAMI 124 COMMONWEALTH AVE BOSTON MA 02115

cae/98endors.doc

MM 99 22 09 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### DRIVE OTHER CAR COVERAGE BROADENED COVERAGE FOR NAMED INDIVIDUALS -MASSACHUSETTS

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM** GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date or as of the date indicated below.

Endorsement effective 07/26/99	Policy No. CSA 222281
Named Insured  Bensley Construction Inc	Countersigned by
Delistey Construction inc	

(Authorized Representative)

This endorsement changes only those coverages listed below for which a charge is shown below. Each of those coverages is changed as follows:

	<u> </u>	Premium										
Name of Individual	Bĭ	PD	MED	UM	UIM	COM	P	COLI	-4			
						\$	Ded.	\$	Ded.			
Peter & Llanne Bens	ley		See S	chedule								

#### A. Changes In Liability Coverage

- 1. Any "auto" you hire, borrow or don't own is a covered "auto" for Liability Coverage while being used by any individual named in this endorsement or by his or her spouse while a resident of the same household except:
  - a. Any "auto" owned by that individual or by any "household member" of that individual.
  - b. Any "auto" used by that individual or his or her spouse while working in a business of selling, servicing, repairing or parking "autos."

# EXHIBIT C

H BUSINESS

07/26/91

BENSLEY CONSTRUCTION INC C-0 LYDIA ECCLES 376 THE RIVERHAY #15

370 THE RIVERWAY #15 BOSTON HA 02115 POLICY NO: Y/C1 CSA222287

PRODUCER NAME AND AGURESS

RYDER INS ACCY 247 N MAIN STREET RANDOLPH

FACILITY PLAN

ILICY PERIOD: POLICY COVERS FROM 07/26/91 TO 07/26/92 12:01
(AT THE NAMED INSUREO\*S ADDRESS STATED ABOVE)

I A.A. STANDARD'II

CUMMERCIAL

IMED INSURED'S BUSINESS: IRM OF BUSINESS: OTHER

TEM 2 SCHEDULE OF COVERAGES AND COVERED AUTOS

IIS POLICY PROVIDES ONLY THOSE COVERAGES WHERE A CHARGE IS SHOWN IN THE PRENTUM DELCH. EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE AUTOS SHOWN AS OVERED AUTOS. AUTOS ARE SHOWN AS COVERED AUTOS FOR A PARTICULAR COVERAGE BY THE STRY OF ONE OR MORE OF THE SYMBOLS FROM ITEM 3 NEXT TO THE NAME OF THE COVERAGE.

	LIABILII	<u> </u>	de dentité détine rélète reside fraças viras anno vecto recurs ques, que un compussion vecto, desse
OVERAGES	AND SYMBOLS	LIMIT: THE MOST WE WILL PAY FOR LANY ONE ACCIDENT OR LOSS	PREMEUN
OMPULSORY (15,000/)		SEE SCHEDULE EACH PERSON SEE SCHEDULE EACH ACCIDENT	654.00
RSONAL INJURY		SEE SCHEOULE CACH CERSON	42.06
TIONAL DILY INJURY COPERTY DAMAGE	<u>39</u>	SEE SCHEDULE EACH PERSON SEE SCHEDULE EACH ACCIDENT	1.754.06
COMPULSORY LIMIT	7 8 9	SEE SCHEDULE EACH ACCIDENT	1.226.01
ATHENTS INSUBANCE		SEE SCHEDULE EACH RESSON	16.00
MINSURED MOTORISTS		ISEE SCHEOULE EACH ACCIDENT	160.00
NOERINSURED ACTORISTS		SEE SCHEDULE EACH PERSON ISEE SCHEDULE EACH ACCIDENT	1.138.08

#### PHYSICAL DANAGE INSURANCE

CTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS THE DEDUCTIBLE OR EACH COVERED AUTO.

JHPREHENSIVE COVERAGE		ISEE SCHEDULE DEU.	439	1001
PECIFIED PERILS 1		DE0.		
OVERAGE OLLISION COVERAGE INITED COLLISION	o retire-time time-cities and retire-time time time and t	SEE SCHEOULE DED.	7.32	3.00
USS OF USE - ENTAL REIMBURSEMENT	no deside - Mallion - Kalalijo - Mijolani supija sa kalaji se grapop izgopa - segara - grapop - segara - grapop Segara - Segara -			2 <b></b> 0s
OHING AND LABOR MENTS	CONTAINED IN	1525 FOR EACH DISABLEMENT TOE A PRIVATE PASSENGER A	urulg	10=0

HIS POLICY AT ITS INCEPTION

EE ADDITIONAL INFORMATION

PREMIUM FOR ENOURSEMENTS

THE ESTIMATED TOTAL PREMIUM FOR THIS POLICY IS BASED ON THE EXPOSURE YOU TOLD US YOU WOULD HAVE WHEN THIS POLICY BEGAN.

ME WILL COMPUTE YOUR FINAL PREMIUM DUE WHEN HE DETERMINE YOUR ACTUAL EXPOSURES. THE ESTIMATED TOTAL PREMIUM DUE AND YOU WILL BE BILLED FOR THE BALANCE, IF ANY. IF THE ESTIMATED TOTAL PREMIUM EXCEEDS THE FINAL PREMIUM DUE WE MAY EXAMINE YOUR RECORDS AT ANY TIME DURING THE PERIOD OF COVERAGE AND UP TO THREE YEARS AFTERWARD. IF THIS POLICY IS ISSUED FOR MORE THAN ONE YEAR, THE PREMIUM SHALL BE COMPUTED ANNUALLY BASED ON OUR RATES IN EFFECT AT THE BEGINNING OF EACH YEAR OF THE POLICY.

**OUNTERSIGNED BY** 

BATCH	1		CURR DATE	CODE	SEO	NO.		LAST DATE	CUI	
1 NO2		LN	226		1000301	1 001 1	M	000	1081391	OLY I

IN BUSINESS

07/26/91

OFFICE/AGENT: 825 200552 POLICY NO: Y/CI CSA222287

YMBOLL	DESCRIPTION
1 1	-ANY AUTO
2	-CHNED AUTOS ONLY. ONLY THOSE AUTOS YOU DWN (AND FOR LIABILITY COVERAGE
Í	ANY TRAILERS YOU DON'T OWN WHILE ATTACHED TO POWER UNITS YOU OWN) THIS
Ī	INCLUDES THOSE AUTOS YOU ACCUIRE CHNERSHIP OF AFTER THE POLICY HEGINS
3 1	-UM NEO PRIVATE PASSENGER AUTUS UNLY
į	ONLY THE PRIVATE PASSENGER AUTOS YOU DANG THIS INCLUDES THUSE PRIVATE
i	PASSENGER AUTOS YOU ACQUIRE JUNERSHIP UF AFTER THE PULICY DEGINS
4	-CHNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY. CALY THUSE AUTOS
Ī	YOU OWN WHICH ARE NOT UP THE PRIVATE PASSENGER TYPE (AND FOR LIABILITY
å	COVERAGE ANY TRAILERS YOU DON'T OWN WHILE ATTACHED TO PERER UNITS YOU
à	OWN) THIS INCLUDES THOSE AUTOS NOT OF THE PRIVATE PASSENGER TIPE YOU
	ACQUIRE CUNERSHIP OF AFTER THE POLICY BEGINS
5 1	-OHNED AUTOS SUBJECT TO NO-FAULT. ONLY THOSE AUTOS YOU ONN WHICH ARE
·	REQUIRED TO HAVE NO-FAULT BENEFITS IN THE STATE WHERE THEY ARE LICENSED.
į	OR PRINCIPALLY GARAGED. THIS INCLUDES THOSE AUTOS YOU ACQUIRE DANERSHIP.
	OF AFTER THE POLICY BEGINS PROVIDED THEY ARE REQUIRED TO HAVE HO-FAULT
	BENEFITS IN THE STATE WHERE THEY ARE LICENSED OR PRINCIPALLY GARAGED
6	-BENED AUTOS SUBJECT TO A COMPULSORY UNINSURED MCTORIST LAW. DNLY THOSE
	AUTOS YOU OWN WHICH BECAUSE OF THE LAW IN THE STATE WHERE THEY ARE
. 4	LICENSED OR PRINCIPALLY GARAGED ARE REQUIRED TO HAVE AND CANNOT REJECT
	UNINSURED MOTORISTS INSURANCE. THIS INCLUDES THESE AUTOS YOU ACQUIRE
	CHNERSHIP OF AFTER THE POLICY BEGINS PROVIDE THEY ARE SUBJECT TO THE
	SAME STATE UNINSURED MOTORISTS REQUIREMENT
7	-SPECIFICALLY DESCRIBED AUYOS. ONLY THOSE AUTUS DESCRIBED IN TIEM FOUR FO
Į.	WHICH A PREMIUM CHARGE IS SHOWN (AND FOR LIABILITY COVERAGE ANY TRAILERS YOU DON'T OWN WHILE ATTACHED TO ANY POWER UNIT DESCRIBED IN ITEM FOUR)
	I INT AND AUTE VIVALED IN OUI CAMER AND ACCOUNTS THE CHART
8	-HIRED AUTOS ONLY. ONLY THUSE AUTOS YOU LEASE, HIRE, RENT OR BURROW.
	THIS DOES NOT INCLUDE AUTOS YOU LEASE, HIRE, RENT CR BURRUM FRUM ANY
	DE YOUR EMPLOYEES OR MEMBERS OF THEIR HOUSEHOLDS -NONDWINED AUTOS ONLY. ONLY THOSE AUTOS YOU DO NOT OWN, LEASE, HIRE OR
79	BORROW WHICH ARE USED IN CONNECTION WITH YOUR BUSINESS. THIS INCLUDES
	AUTOS GANED BY YOUR EMPLOYEES OR MEMBERS OF THEIR HOUSEHOLDS BUT ONLY
	WHILE USED IN YOUR BUSINESS OR YOUR PERSONAL AFFAIRS
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XPERIENCE MODIFICATIONS: LIAB 1-00% COMP 1-00% COLL 1-00% OMPANY USE FIELDS:

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CAR RATES

#### RIVER INFORMATION

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AUTO POLICY

BUSINESS

OFFICE/AGENT: 825 200552 POLICY NO: Y/C1 CSA222287

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## DESIGNATES PULICY LEVEL ADDITIONAL INSURED-LESSOR APPLIES

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<sup>\*</sup> DESIGNATE WHETHER ACV. STATED AMOUNT OR AGREED VALUE AND. EXCEPT FOR ACV. THE LIMIT OF LIABILITY.

\*\* F - FIRE COVERAGE T - THEFT COVERAGE F & T - FIRE & THEFT COVERAGE CAC - COMBINED ADDITIONAL COVERAGE

\*\*\* YES - DESIGNATES WAIVER OF DEDUCTIBLE/LOSS OF USE/TOW & LABOR APPLIES

ISURANCE COMPANY 105-CV-F1249 CAS CA DOCUMENTES 8-4

DECLARATIONS Page 5 of \$ AGE BUSINES AUTO POLICY

EN BUSINESS

07/26/91

OFFICE/AGENT: 825 200552 POLICY NOF Y/CI CSA222287

LEM 5 SCHEDULE OF HIRED OR BURROWED COVERED AUTO COVERAGE AND PREMIUMS

	LGALL	IIY INSUE	RANCE-RALI	NG BASIS	COST OF	HIRE	
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	OF HIRE LEGR EACH STATE	BODILY LNJURY	PROPERTY DAMAGE	BODILY Injury	PROPERTY	ROCILY	PROPERTY:
MA	if any	•50 <del>6</del>	.376	1000	500	3.5	5
				LI	IIAL CREEJ		

OST OF HIRE MEANS THE TOTAL AMOUNT YOU INCUR FOR THE HIRE OF AUTOS YOU DON'T OWN NOT INCLUDING AUTOS YOU BORROW OR RENT FROM YOUR EMPLOYEES OR THEIR FAMILY. EMBERS). COST OF HIRE DOES NOT INCLUDE CHARGES FOR SERVICES PERFORMED BY MOTOR LRRIERS OF PROPERTY OR PASSENGERS.

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IEM 6 SCHEOULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED*S	RATING BASIS	NUMBER	LIH LIH THO	LTS LEGNAZI	PREMIUM		
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SOCIAL SERVICE AGENCY	EMPLOYEES				a miniga alamana "amana "amana" amana ang ang ang ang ang ang ang ang ang	and the state of t	
	NUMBER OF VOLUNTEERS						
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